

Instructions:
Claimant is required to provide the City with sufficient documentation to establish Claimant’s right to receive unclaimed property. As the Claimant for a business, attach documents supporting your position with the company/business giving you authority to make a claim. Failure to provide your **identification, signature, or completion of this claim form** could result in the return of the form to you.

Claimant Information			
Name:		Drivers License #:	
Address:		Social Security #:	
		Date of Birth:	
Home Phone:		Work Phone:	
Email Address:		Claim Amount:	
Claim Type:	Utility Collections	Municipal Court	Other

- Please attach the following:**
- 1. Copy of Driver’s License or other government issued photo identification.
 - 2. Proof of Social Security Number (not required, but might help verify ownership)

Indicate below the current status of the business and attach the requested documentation, indicating your authority to act.

Corporation or Limited Liability Company – Attach a copy of last public information report (PIR) filed with your franchise tax report.

Professional Association or Non-Profit Corporation – Attach a copy of last annual statement filed with the Secretary of State or a copy of the Articles of Incorporation.

Private Organization, Group or Association – Attach a document establishing your authority to act.

Sole Ownership of Business – Attach a copy of your Assumed Name Certificate or a copy of your sales tax permits and enter:
Owner’s Name _____ Social Security #: _____

Partnership – Attach a copy of the partnership agreement including the names and social security or FEI number of two partners.

Exceptions – Indicate if applicable and attach copies of requested documents.

Closed - Attach a copy of the Articles of Dissolution (including Attachment A) or Corporate Liquidation form filed with IRS.

Name Changed - Assumed/Merged – Attach a copy of the Change of Name Amendment or Assumed Name Certificate.

Purchased/Sold - Attach a copy of the Buy/Sell Agreement.

Claimant Certification and Signature

The named Claimant certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim, Claimant will indemnify and hold harmless the City of Bellmead and its officers and employees from any damages, claims, or losses of any kind resulting from the payment of the above described property to Claimant.

Signature: _____	Date: _____
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FOR FINANCE DEPARTMENT USE ONLY	
Approved _____	Original Check #: _____
Disapproved _____	New Check #: _____
Reason for Disapproval: _____	Amount: _____
Reviewed by: _____	Date: _____
Approved by: _____	Date: _____